



Public health makes strides to modernize

By Don McCormick*



More than four years ago, public health officials across the state began a colossal task. Their goal was to describe, for the first time ever in Iowa, the basic services that all Iowans can reasonably expect from local and state public health and the capacity necessary to provide those services. The result was the [Iowa Public Health Standards](#) and a plan for how the Standards would become a part of Iowa's public health system. In November 2008, that plan was approved by the 30-member Redesigning Public Health in Iowa Work Group. This decision paves the way for legislation now in draft form called the [Public Health Modernization Act](#) (PHMA).

"Since its beginnings over 125 years ago, organized public health in our state has worked hard to promote and protect the health of Iowans," said Iowa Department of Public Health Director Tom Newton. "Unfortunately, the current system is fragmented and full of inequities, leaving the residents of some communities without certain public health services that Iowans in other areas have come to expect. Together with the PHMA, the Iowa Public Health Standards provide the foundation for ensuring that all Iowans, no matter where they live, have a basic level of public health services."

Addressing 11 system component areas, the Iowa Public Health Standards could not have emerged without the commitment of nearly 200 public health officials from every corner of Iowa. The Redesigning Public Health in Iowa project was recently honored with the Jim Parker Memorial Award by the National Association of County and City Health Officials and the National Association of State and Territorial Health Organizations. The award recognizes and encourages initiatives to establish and improve collaboration between state and local health departments.

Iowa's efforts are similar to those being pursued by public health entities in more than 20 states. Their goal is voluntary accreditation of public health agencies. According to the [Public Health Accreditation Board](#), the organization leading the charge for a national accreditation process, public health leaders identified a range of benefits to accreditation. Among them, "high performance and quality improvement" would result in better health outcomes. Also ranking high were "recognition and validation of the public health department's work" and "improved access to resources." Those resources might include funding to address gaps in infrastructure identified in the accreditation process, opportunities to pilot new programs and processes, and streamlined application processes for grants and programs.

Ruth Schemmel, Palmer Community Health director in West Union, echoed many of those sentiments in regard to the PHMA. "Public health has long been unrecognized as an important community partner and provider in local communities," Schemmel said. "The PHMA will open the door to educating county residents and community partners about the [local public health agency's] role within communities. [It] will allow for funding to be appropriated in support of standardized public health requirements, creating a baseline of consistency across the State of Iowa. The public health epidemiological capacity will be improved on all levels of routine and emergency response including environmental health practitioners, laboratories, health care workers, nurses and other involved entities."

For more information about the PHMA, the Modernization initiative and the Iowa Public Health Standards, visit www.idph.state.ia.us/rphi.

* Don McCormick is a public information officer at IDPH.

New tool facilitates conversations about modernization

By Jerilyn Quigley*

"Redesign and Standards and Modernization, oh my!" That's the reaction we thought we might get from public health partners when asked to get the word out about this colossal project. So what did the [Increase Knowledge Implementation Committee](#) do? We started with what our partners would already bring to such a conversation—a knowledge of and passion for public health.

"Promoting and protecting the health of Iowans—it's a pretty simple concept really," said Donna Sutton of Greene County Public Health. "We just needed to demonstrate how public health touches people's lives every day. Once you know what public health does, it's easy to see how important the Modernization project is."

As we thought about how to best educate people about the Modernization project's vision for public health in Iowa, we considered a variety of media, including fact sheets, frequently asked questions, and a variety of online tools. All of those things are important, we thought, but something was missing - the human connection! After all, public health is all about working with people.

So we came up with a PowerPoint [presentation](#); but this is not just any old slide show. Available through the Redesigning Public Health in Iowa Web site, we developed this presentation to serve as the backdrop to the most important part of the education process—a discussion about why it is important for all Iowans, no matter where they live, to know what they can reasonably expect from public health.

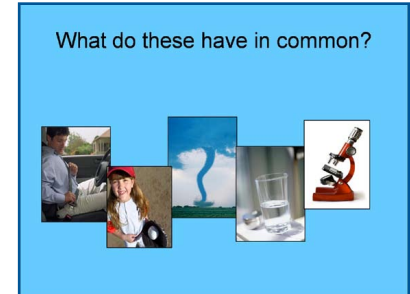
Johnson County Public Health Deputy Director Tricia Kitzman recently used the PowerPoint with members of Iowa State Association of Counties. "It was great to have a tool to help me reach out to people and address their concerns," Kitzman said. "I found it very useful, especially the way the notes walked me through the presentation."

Designed primarily with local public health administrators in mind, we knew they would be reaching out to people like boards of health and policy makers, and perhaps professional associations or community partners. That's why the presentation is completely customizable. Most presenters will already have a good idea of what their audience knows about the role of public health, the Iowa Public Health Standards, the Redesign Project and the Modernization Act. All of these elements are included in the PowerPoint, but presenters are free to go at their own pace. In fact, the presentation can even be split up into two or more sections to allow the audience time to digest the information.

The presentation also works very well without any customization at all. Included on the notes section of each slide are scripted talking points which only the presenter can see. This is especially useful to presenters who may need to know a bit more about the Modernization project themselves or for audiences who are less likely to engage the presenter with a lot of questions, such as larger groups.

To download the PowerPoint file, visit www.idph.state.ia.us/rphi and click on Tools. For questions on how to use this presentation, please contact Joy Harris at 515-281-3377 or jharris@idph.state.ia.us.

* Jerilyn Quigley is co-chair of the Modernization Increase Knowledge Implementation Committee, the group responsible for educating stakeholders about the Iowa Public Health Standards and the Public Health Modernization Act.



Assessments critical to standards implementation and modernization

As the state works toward implementation of the Iowa Public Health Standards and activities related to the Modernization effort, public health agencies across the state have taken a number of good, long looks in the mirror. “These processes have been and continue to be examples of Iowa public health workers’ ability to think critically about how they promote and protect the health of Iowans,” said Iowa Department of Public Health Director Tom Newton.

Local self-assessment

The first of these assessments occurred in June 2007. Of Iowa’s 99 counties, 89 voluntarily completed a self-assessment of their ability to meet the local criteria of the Iowa Public Health Standards. The survey provided the Redesign Work Group and local public health partners with valuable baseline information and a snapshot of compliance with the local criteria.

Many counties are well on their way to meeting the local criteria of the standards. The average county is able to completely meet almost half of the 145 local criteria. From year to year, local boards of health and local public health agencies will be able to use this survey along with other tools, to focus on continued quality improvement and performance. To view the final local self-assessment [report](#), visit www.idph.state.ia.us/rphi and look for the “June 9 Update.”

State assessment

Since June of 2008, a Core Team of 15 IDPH employees has been conducting a State Assessment of the department’s ability to meet the state criteria of the Iowa Public Health Standards. To ensure that the Core Team’s findings are objective and complete, IDPH will host a team of national public health leaders in January 2009 to review the collected evidence and provide feedback to the department.

Partners participating in this extraordinary effort include representatives from: the Colorado Association of Local Public Health Officials; Spokane County Public Health, Washington; Environmental Services Branch, CDC Division of Emergency and Environmental Health Services; Local Technical Assistance and Training, North Carolina Division of Public Health; and Webster County Public Health. The group’s findings will be available in a report in March 2009.

Basic funding survey

In the fall of 2008, the Public Health Modernization [Funding Implementation Committee](#), whose job it is to identify funding options local public health agencies can use to implement the public health standards, sent a survey to each of the recognized local public health agencies (101 local boards of health) in Iowa to determine how public health in our state is funded. Nearly every agency responded, moving Iowa closer to determining the cost to implement the [Iowa Public Health Standards](#).



A history of modernizing public health in Iowa

Recognizing the need for an integrated and fully funded public health system, the director of the Iowa Department of Public Health commissioned a work group made up of state and local public health partners (13 local and 12 state public health practitioners) in the summer of 2004. The need had become apparent in the collection of comments from public health meetings with state and local public health stakeholders, held throughout the state in 2003. The charge for the work group was to assess the current structure of public health service delivery and to make recommendations for redesigning public health in the state. This would result in a project that came to be known as [Redesigning Public Health in Iowa](#).

Focus aimed at governmental agencies

Understanding the magnitude of its task, the [Redesign Work Group](#) decided early to limit initial discussions to governmental public health—local agencies, the state department, and local and state boards of health. The decision to focus initially on governmental public health was strategic; it would create a strong backbone for the system before other entities that play critical roles in delivering public health services to Iowans would be addressed. In deciding this, the work group made a critical decision that in those counties without a governmental public health agency, the local board of health would have to designate a lead public health agency for that county.

Prior to this, a number of public health agencies across the U.S. had begun similar efforts. To gain a national perspective, the Work Group researched improvement plans and performance standards from other states. Additionally, the Work Group looked at such national resources from organizations as the [Centers for Disease Control and Prevention](#) and the [National Association of County and City Health Officials](#).

Standards developed

The Work Group decided that the most important first step would be to develop standards for local and state public health that would define what every Iowan should reasonably expect from public health. To accomplish this, the Work Group asked a broad group of stakeholders with expertise in public health to serve on committees to draft standards and criteria. Following three public comment periods, the [Iowa Public Health Standards](#) were finalized in December 2007.

Implementation begins

Upon completion of the Iowa Public Health Standards the Work Group decided to continue to move forward by working to implement the standards. To achieve this, five [Implementation Committees](#) were developed. Each committee was given a charge by the Work Group of having at least one local public health department and the Iowa Department of Public Health complete an accreditation pilot by July 1, 2011.

One of those committees, [Change Iowa Code and Administrative Code](#), was put in charge of researching whether or not the Iowa Public Health Standards should have the force of Iowa law. The group determined it would be appropriate to do so and drafted the policy now known as the [Public Health Modernization Act](#).

Focus shifts from Redesign to Modernization

In November 2008, the Work Group met to review its progress. Having met the original goal of developing the Iowa Public Health Standards, and having put in motion a mechanism for implementing them, the Work Group voted to declare the work of the Redesign project complete. At that same meeting the work of Modernizing Public Health in Iowa officially began.

In Iowa, the structure of public health is comprised of the Iowa State Board of Health, the Iowa Department of Public Health, 101 local boards of health (98 counties, 2 cities, and 1 district), and many local public health providers. Local public health agencies (governmental and non-governmental) provide a variety of direct services, while the state provides funding, technical assistance, training, and consultation.

Five committees have been created with the purpose of defining the specifications for accreditation and finding and developing the tools necessary for potential applicants to prepare for their accreditation process. To learn about any of the Implementation Committees, click on their name below.

[Align and prepare for accreditation](#)

[Change Iowa Code and Administrative Code](#)

[Funding](#)

[Increase knowledge and awareness of the Standards](#)

[Metrics](#)

A Redesign to Modernization timeline



Jan. 2009: Public health partners educate policy makers and others about the Public Health Modernization Act

Nov. 2008: Redesign project declared complete. The focus now shifts to modernization efforts

Aug - Oct. 2008: Public Health Modernization Act drafted

Feb. 13, 2008: Work of the five Implementation Committees kicks off

December 2007: Iowa Public Health Standards approved

October 2007: Three-month public comment period ends (phase II)

July 17 2007: State Standards development begins (phase II)

June 2007: Three-month public comment period ends (phase I)

Oct 11, 2006: State Standards development begins (phase I)

August 2006: Local Standards completed

July 2006: 3-month public comment period ends

October 19, 2005: Local Standards development begins

2004: Work group assembled. Project named "Redesigning Public Health in Iowa"

2003: Regional meetings held to discuss Iowa's public health system

Work Group sets vision for modernized public health system

The Work Group for the Modernizing Public Health in Iowa project serves as the steering committee and visioning body for the initiative. Members are supported in carrying out these efforts by five [Implementation Committees](#). Each month, the work of the Committees is presented to the Work Group to be approved or not approved. Additionally, the Work Group come together as needed for full day or two-day meetings to address overall issues and plan for the future.

The Work Group is:

Dale Anthony, IDPH
 Chris Atchison, University of Iowa
 Larry Barker, Scott County Health Department
 Michelle Clausen-Rosendahl, Siouxland District Health Department
 Jane Condon, Calhoun County Health Department
 Sharon Cook, IDPH
 Linda Drey, Siouxland District Health Department
 Jonn Durbin, IDPH
 Ron Eckoff, Dallas County Board of Health
 Martha Gelhaus, IDPH
 Dawn Gentsch, Public Health Coalition
 Barb Grant, CAP Agency
 Craig Keough, IDPH
 Tricia Kitzman, Johnson County Board of Health
 Frank Magsamen, Iowa State Association of Counties
 Judy Naber, IDPH
 Kathi Nelson, Hancock County Public Health Services
 Laurie Page, Retired Public Health Nurse
 Alana Poage, Louisa County Public Health
 Jerilyn Quigley, IDPH
 Ruth Schemmel, Palmer Lutheran Health Center
 Carmily Stone, IDPH
 Donna Sutton, Greene County Public Health
 Pam Willard, Johnson County Board of Health

For a list of [partners](#) involved in the creation of the Iowa Local and State Public Health Standards, which form the backbone of Iowa's Modernization efforts, visit www.idph.state.ia.us/rphi/standards.asp and click on "Workgroups and Committees."

Stories to be featured on new Web site

A major goal of the Modernizing Public Health in Iowa initiative is to have at least one local public health department and the Iowa Department of Public Health pilot the accreditation process by July 1, 2011. Many public health agencies, including the state health department, have already begun work toward this goal by ensuring that they meet the responsibilities outlined in the [Iowa Public Health Standards](#). Some required changes have been big, and some have been small. The important thing is to recognize, is that every step counts.

In mid-January, the department plans to launch a new Modernization Web site. A section of this new Web site will be dedicated to helping public health agencies show each other and the world what they are doing to meet the Iowa Public Health



Stories to be featured on new Web site

(Cont. from page 6)

Standards. This will be accomplished by sharing stories. Two stories that will help launch this section of the new Web site come from Marion County and the Iowa Department of Public Health.

[Marion County Public Health Department](#) Director Kim Dorn says “getting on board” with modernization early enabled her to have a better understanding of the issues. This makes it easier to make changes as the opportunities present themselves. For example:

- Staff position requirements and pay schedules have been reconfigured to reflect the workforce development standards.
- Job descriptions have been rewritten to reflect workforce standards and enhance consistency.
- When environmental health became part of the department, it was designed in a way to reflect the standards.

Dorn says everything Marion County Public Health does is now reviewed before action is taken to determine how it will mesh with public health standards.

At the Iowa Department of Public Health, the [Bureau of Communication and Planning](#) has made meeting the state standards of the Iowa Public Health Standards a priority. For example:

- A new communications guide has been developed that addresses both internal and external communications in an effort to improve cooperation among IDPH bureaus and between state and local agencies.

The Modernization effort has helped the Bureau of Communication and Planning critically look at the services it provides and acknowledge needed areas of improvement.

To contribute your successes—big or small—to the new Web site, please contact Joy Harris at jharris@idph.state.ia.us or 515-281-3377.

Stay informed on the PHMA

During the coming months, IDPH Director Tom Newton has encouraged all public health partners to stay informed on the [Public Health Modernization Act](#) (PHMA). In mid-January, the department plans to launch a new Modernization Web site. Until then, the best source of online information is the Redesigning Public Health in Iowa project Web site, www.idph.state.ia.us/rphi.

A variety of publications will also be used to keep partners updated on the PHMA. They are:

- Director Newton’s [Quick Reads](#) is aimed primarily at Local Public Health officials and staff. Published every three to four weeks, articles in Quick Reads are brief and often have Web links for more information. If you’re not already on the mailing list send a blank e-mail to join-quick_reads@lists.ia.gov.
- Published bimonthly, the [Iowa Health Focus](#) newsletter is written for a broader audience. In-depth articles feature departmental news and topics of interest to public health partners statewide. To join the mailing list, send a blank e-mail to join-iahealthfocus@lists.ia.gov.
- During the legislative session, IDPH produces weekly [Legislative Updates](#). To find out what happens in the Iowa General Assembly week to week, sign up by sending a blank e-mail to join-idphlegupdate@lists.ia.gov.
- For more up-to-the minute information about the Public Health Modernization Act, send a blank e-mail to join-redesign@lists.ia.gov.

Smoking in Iowa drops 22 percent

According to preliminary results of the 2008 [Iowa Adult Tobacco Survey](#), more than one in five adult smokers in Iowa has quit since 2006. With the adult smoking rate now at 14 percent compared to 18 percent two years ago, the 22 percent decrease is one of the most dramatic declines experienced by any state in recent years.

“As Governor, improving the health and well-being of Iowans is one of my top priorities,” said [Governor Chet Culver](#). “Iowans statewide have taken on the challenge to stop smoking, and we can all be proud of their efforts. Helping Iowa become the healthiest state in the nation is a goal we can all get behind.”

The news comes as many Iowans make New Year’s resolutions to quit using tobacco. “These survey results are very encouraging not only for individuals, but for our state as a whole,” said Iowa Department of Public Health (IDPH) Director Tom Newton. Iowa currently spends an estimated \$1 billion each year in smoking-related health care costs.

To help the thousands of Iowans who will try to quit smoking in January, IDPH is providing twice the amount of free nicotine patches and gum available through [Quitline Iowa](#), the state’s helpline for quitting tobacco use. While budget constraints do not allow the initiative to continue throughout 2009, Iowans who call 1-800-QUIT-NOW (1-800-784-8669) by Jan. 31 can get a four-week supply of nicotine replacement therapy gum and patches. After Jan. 31, two-week supplies will be available.

“Among current smokers, our survey tells us that as many as 84 percent want to quit smoking,” Newton said. “One of the most effective ways to help people end their addiction to tobacco is to provide counseling services and quit aids, such as nicotine patches and gum. This is the time of year Iowans need the most support and Quitline is here to help.”

According to preliminary data from the survey, approximately 79,000 fewer adults in Iowa smoke now than two years ago. Among former smokers, 57 percent cited health as their reason for quitting smoking. Among current smokers, 54 percent said they wanted to quit for health reasons, while 19 percent said their reason for quitting was that smoking was too expensive. Other reasons for quitting smoking include being influenced by family and friends.

For a fact sheet of preliminary survey results, visit www.idph.state.ia.us/tobacco and look under “Adult Tobacco Surveys.” The full report will be available at the same Web site by mid-February. For help quitting tobacco use, call Quitline Iowa at 1-800-QUIT-NOW (1-800-784-8669) or visit www.quitlineiowa.org.



QUITLINE IOWA

1 800 QUIT NOW | 1 800 784 8669

Report highlights Iowa's response preparedness

By Polly Carver-Kimm*

In December 2008, the [Trust for America's Health](#) (TFAH) released its annual public health emergency preparedness report, [Ready or Not?](#) Iowa received a score of 8 out of a possible 10 points, putting the state higher than the median range of 7 points. The report is a study of 10 indicators that TFAH believes are the most relevant in determining a state's readiness. The report, issued annually since 2003, examines the ability of individual states to respond to public health disasters such as disease outbreaks, natural disasters and bio-terrorism.



"The report bears out much of what public health professionals already know, based on our response to the severe weather events of this past summer," said Iowa Department of Public Health Director Tom Newton. "We are well-prepared when it comes to emergency preparedness and response, but recognize there is room for improvement."

Iowa received positive scores in eight categories, including the state's ability to rapidly dispense medications in response to a public health emergency. The report also gave credit for Iowa's electronic disease surveillance system.

Two areas in which Iowa did not receive a point were related to the Medical Reserve Corps readiness and food safety detection and diagnosis. TFAH researchers looked to see if Iowa has a medical reserve corps coordinator in place. IDPH coordinates Disaster Medical Assistance Teams that serve in a similar capacity as the Medical Reserve Corps; however, these teams did not meet the definition for this report.

In the food safety area, the report gave a point if the state was able to identify the source of illness as good as or better than the national average of 44 percent. From 2004-2006, the period studied for the report, IDPH identified the pathogen in 42 percent of the cases—just below the national average. However, in 2007 and 2008, IDPH investigated a total of 17 foodborne disease outbreaks and identified the pathogen in 76 percent of these cases.

"We are pleased with the findings of this report. Iowa has worked hard to meet all the public's expectations," said Iowa Department of Public Health (IDPH) Center for Disaster Operations and Response Bureau Chief, Rebecca Curtiss. "Nothing shows this hard work like the response to the severe weather events Iowa experienced this past spring and summer."

For more information about the report, including a map linked to state-specific findings, visit <http://healthyamericans.org/reports/bioterror08>. Public health partners may also be interested in a companion video to the report produced by the [National Association of County and City Health Officials](#) and the [Association of State and Territorial Health Officials](#). Available at www.youtube.com/watch?v=EpLJrExXKvw, the video is an in-depth look at some of the implications of federal budget cuts and the current economic downturn on the ability of public health to respond to emergencies.

* Polly Carver-Kimm is a public information officer at IDPH.

FIND project targets oral health in underserved areas

By Sara Schlievert*

The Iowa Rural Dental Health Initiative recently announced a community collaborative project called Fulfilling Iowa's Need for Dentists (FIND). The project is designed to alleviate the critical shortage of dentists in underserved Iowa counties by enhancing the [Delta Dental of Iowa Loan Repayment Program](#), which helps dentists with their dental education debt by paying off up to \$100,000.

"Many Iowa communities face serious challenges obtaining adequate dental care due to a diminishing and aging dental workforce," said Iowa Department of Public Health (IDPH) Dental Director Dr. Bob Russell. "This is all the more evident in our small rural communities. Science warns us that regular access to good preventive dental care is essential for the good health of Iowans."

The goal of the FIND project is to stimulate community funds to match Delta Dental's Loan Repayment Program, promote the importance of a dentist to the community's economic growth and overall health, and administer the expanded program. The IDPH [Oral Health Bureau](#) (OHB), one of the collaborators of the FIND project, will assist in the promotion of the community matching model. In April, OHB is planning an event to train I-Smile coordinators so they will be able to make a presentation to their local community leaders interested in recruiting a dentist. This also provides another opportunity for the I-Smile coordinators to serve in a collaborator role with key stakeholders in their community to improve the oral health of Iowans.

"Delta Dental of Iowa's Project FIND is beneficial toward helping rural Iowa communities both retain and effectively recruit new dentists into communities necessary to meet the oral health needs within our state," Dr. Russell added. "These activities go a long way toward meeting the mission objectives of the IDPH Oral Health Bureau."

The Iowa Rural Dental Health Initiative is funded by a [U.S. Department of Health and Human Services](#) grant, Delta Dental of Iowa, and Iowa community matching grants. During the next 12 months, there will be three community matching loan repayment recipients through the FIND project.

Additionally, a recruitment resource model called "How to Recruit a Dentist to Your Community: Best Practices" will be created. The model is being developed with research conducted by the [Iowa Area Development Group](#), Ripple Effect, and the University of Northern Iowa's [Institute of Decision Making](#). This model will be compiled from case studies/best practices of previous Delta Dental of Iowa Loan Repayment recipients and leaders within those communities. The resource will also include research into other incentive components, such as tax abatements, interest-free loans, and donated buildings. The resource model will include information on the value proposition a dentist brings to a community by affecting economic growth both positively and, in the case of losing a dentist, adversely.

* Sara Schlievert is a community health consultant in the IDPH Oral Health Bureau.



L to R: Donn Hutchins, Delta Dental of Iowa President and CEO; Dr. Bob Russell IDPH Health Dental Director; the first recipient of the FIND project, Dr. Sarah Jewett, Family First Dental of Storm Lake; and Suzanne Heckenlaible, Delta Dental of Iowa Director of Community and Government Relations.

IDPH



Access to Recovery (ATR) Program

Recently, Focus spoke with Kevin Gabbert, director of the [Access to Recovery Program](#).

What is Access to Recovery?

For many, recovering from substance abuse requires effort and support on a number of different fronts. Funded for three years by the federal [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), Access to Recovery (ATR) is a program that helps Iowans pay for [services](#) that will support them in staying free of alcohol and drugs.

You mean treatment services?

Yes, but that's only one piece of the puzzle. Individuals recovering from substance abuse experience a variety of barriers on their very personal road to recovery. While treatment is often available, many must deal with things such as a lack of child care, housing, and transportation. With ATR, we're able to help by providing vouchers for these services.

How does ATR work?

Let me give you an example. "Mary" is a single mother of three and realizes she needs treatment for her addiction to methamphetamine. She goes for an evaluation at a treatment center but finds out treatment services are in the evening three times per week. Unfortunately, Mary doesn't have transportation to the treatment center, and she doesn't have access to evening child care. She's also concerned because she's unemployed and the only jobs she can find are working nights. With ATR, we can help Mary. We fund transportation such as bus passes and gas cards, we fund child care, and we have providers who offer employment and financial counseling.

How are people introduced to the program?

Iowans are admitted into ATR through Care Coordination providers. Typically, these are licensed substance abuse treatment programs, but this is expanding to include other types of providers. Care Coordination providers are agencies that have been trained to assist individuals and admit them into ATR. Their role is to meet with clients for admission and assist them in creating vouchers and identifying providers of the services selected.

How do vouchers work?

Using the example of Mary, after being admitted into ATR at a Care Coordination provider, funding is reserved in her name for her to purchase services. Because everyone's needs are different, Mary would choose what services would best support her recovery efforts. In her case, she might choose transportation, child care, and employment counseling. Other people might choose something different. The most important thing is the idea of choice. We want people to feel empowered to direct their own recovery.

So can individuals with vouchers go anywhere for services?

Unfortunately, no. Access to Recovery uses a network of providers. IDPH has gone to great lengths to recruit providers for all of our identified services. That said, we're always looking for new providers. The application process is simple and designed to get them on board.

How many Iowans have you served so far?

Our first year ended in September, and our goal was to see 802 clients. At the end of our first year, 987 clients had been served. In years two and three, we are required to see 1,738 each year, and I'm sure we'll be able to reach this goal.



L-R: Kory Schnoor, Michele Tilotta, Kathy Stone, DeAnn Decker, Julie Jones, and Kevin Gabbert.

Dating violence – a risky business for teens

By Binnie LeHew

"Tara" was thrilled that her new boyfriend devoted so much time to her. In fact, "Dan" loved her so much that he would text her 50 times a day so he could stay in touch with her. He would also get very depressed if she wouldn't spend her Friday "girl's nights out" with him instead of with her longtime girlfriends. She finally agreed to stop spending time with her friends because she felt so bad about making Dan unhappy.

Tara's situation may be a familiar one for many teens learning about love for the first time. They may be flattered by the rush of attention that a new crush offers and willing to give up their own interests to please someone they care about. On the other hand, when Tara's parents noticed she had become more moody and withdrew from her friends, they wondered if she was really happy with Dan or if something more was going on.

Recognizing abuse in any relationship is difficult, but especially for teens. Teens' lack of experience with intimacy makes it difficult for them to handle conflicts or realize the seriousness of abuse. The emotional ups and downs resulting from hormonal changes exaggerate their experiences. Many behaviors that teens believe are normal—such as jealousy or wanting to spend all of their time with their partner—may also be forms of control. This becomes risky when it results in isolation from friends or family or impacts feelings of self-worth. Unfortunately, teens in abusive relationships are much more likely to have unwanted pregnancies, acquire sexually transmitted infections, misuse substances, and be depressed. Any of these can change someone's health and life forever.

What Can You Do?

Community professionals, family, and friends are an important resource for teens who may be abusers or victims of dating violence. Understanding the difference between a healthy vs. abusive relationship is a good first step. Then, speak up if you witness abusive behaviors. If you don't, the abusive person may feel justified and continue doing it. Blaming victims for being controlled or abused may isolate them even more. Your intervention may prevent the abuse from escalating into serious injury or death.

Mary Hill Sutherland, Employee Assistance Program manager at Genesis Health System in Davenport, serves on the Iowa Domestic Abuse Death Review Team. "One of the saddest things we discover is that, many times, a family member or friend knew about the abuse but didn't take it seriously," Sutherland said. "Especially with dating violence, there is more that schools, friends, and families can do to help someone they love if they will just recognize the warning signs of abuse."

Resources

For more information about campaigns, fact sheets, and actions you can take to prevent teen dating violence, visit:

Choose Respect: www.chooserespect.org

See It and Stop It Campaign: www.seeitandstopit.org

Love Is Respect: www.loveisrespect.org

Break the Cycle: Empowering youth to end domestic violence: www.breakthecycle.org



Just as in adult relationships, it can be very difficult to recognize when abuse is going on. Researchers are now documenting that teen relationships are also at risk for violence. Consider these facts:

- Almost half of "tweens" (between the ages of 11-14) who are in relationships know friends who have been verbally abused (e.g., called 'stupid,' 'worthless,' or 'ugly') by a partner.

- One-third of teenagers in relationships say that their partner has sent them text messages up to 30 times an hour wanting to know where they are, what they are doing, and who they are with.

- Nearly 80 percent of girls who have been physically abused in their intimate relationships continue to date their abuser.

- Eight percent of high school teens state they have been physically forced to have sexual intercourse in their dating relationship.

* Binnie LeHew is chief of the Bureau of Disability & Violence Prevention

WIC services continued despite high water

By Jewell Chapman*

The date was June 10, 2008. The location, Waterloo. [Operation Threshold](#), the local arm of a community action network that serves low-income residents is already operating at full capacity. Then the flood waters hit.

At the time, the agency was serving 5,475 lowans with the Special Supplemental Nutrition Program for Women, Infants and Children, better known as [WIC](#). Nancy Anderson, director of WIC operations at Operation Threshold said that earlier in the day the staff felt fairly secure because the office was behind a flood wall. Also, the floods of 1993 did not even come close to their building. However, this year the storm sewers malfunctioned, and pumps did not work correctly. "Water was shooting out of the storm sewers like a fountain, filling our offices with two and a half feet of water," Anderson said.

Quick thinking by Anderson and the staff at Operation Threshold saved computers and made it possible to continue serving their clients during this disaster. The very next day, Nancy and her staff set up shop in the home of Janet Weber, a registered dietitian who works for the agency. The laptop database, print server, magnetic ink character recognition laser printers and other equipment from the Cedar Falls clinic were on Janet's kitchen table. From there they rescheduled appointments, mailed checks and did nutrition education via phone.

The next day they were ready to resume clinics. There are 15 bridges in Waterloo and only two of them were open. It was important to hold clinics on both sides of the river, Anderson recalls, so they contacted Covenant Prenatal Clinic. The clinic agreed to provide space for a WIC clinic to be held in its offices the next day, starting at 8:00 a.m. The regular clinic site at Allen Women's Health was on dry ground and on the opposite side of the river. Staff members were divided according to which side of the river they lived on. Staff then made phone calls to participants to determine which clinic they could get to.

Anderson told her story at the 2008 State WIC Conference last November. Facing this challenge taught her many things, Anderson said. Among her lessons learned, "prepare for the worst, use the media, and contact your community partners." But, she said, the most important thing was something she already knew. "I have a great staff. It has taken their combined effort to get us through this situation."

The Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, has been serving Iowa since 1974. The program provides nutrition counseling and education; breastfeeding support; checks to buy nutritious foods; immunization screening; and referrals to health and social service agencies. The first agency, located in Davenport, served 1,050 lowans during its first year. As of this writing, WIC serves more than 74,500 participants monthly in 20 agencies across the state.

* Jewell Chapman works in the IDPH Bureau of Nutrition and Health Promotion.



Eventually, the Operation Threshold building, pictured here, took in nearly three feet of water.

WIC conference highlights physical activity

By Tim Lane*

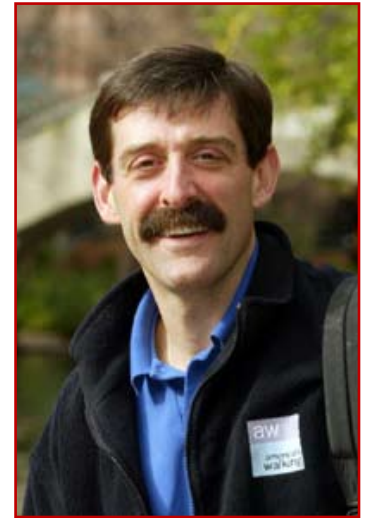
In 2007, the U.S. Department of Agriculture (USDA) amended the food pyramid and added physical activity as part of the recommended daily routine. This in turn, resulted in Iowa WIC (Women, Infants and Infants Program) clinics enhancing their efforts to provide physical activity consultation for clients, aiming for an even better balance of food and fitness.

For many, it was an appropriate and historic shift—a shift that was very evident at the 2008 WIC Fall Conference, held November 29 and 30. Physical activity was officially ushered into the mix with the conference selecting [Mark Fenton](#), one of the nation's leading advocates for walking, providing two spirited sessions for attendees.

In Fenton's plenary sessions he touched on the epidemic not being one of obesity, but one of inactivity and poor nutrition. Mark also stressed that, along with individual change we all need to be aware that the design of our communities can significantly impact levels of activity. In his second presentation, Mark encouraged everyone to walk the talk and provided helpful tips on how to do so.

Mark's presentations were extremely positive as were comments from participants. "Mark is an excellent speaker. He is obviously passionate about improving the health of our population, and his passion is contagious," one participant said. "I plan to implement his suggestions for myself, my family and friends and the clients I serve."

* *Tim Lane is a fitness consultant at IDPH.*



Mark Fenton

Date and speakers set for Iowa Public Health Conference

The 2009 [Iowa Public Health Conference](#) will be held on April 7 and 8, in the Scheman Building on the Iowa State University campus in Ames. Approximately 600 public health and environmental health professionals are expected to attend the event that includes more than 40 concurrent sessions, poster displays and statewide association meetings.

Featured speakers are:

- Kristine Gebbie, DrPH, RN, acting dean of the School of Nursing at Hunter College, Columbia University New York;
- Jeffrey Goldhagen, MD, MPH, associate professor of pediatrics at the University of Florida/Jacksonville and chief of the Division of Community Pediatrics;
- Anita Courtney, MS, RD, public health consultant and chair of the Tweens Nutrition and Fitness Coalition that designed the nationally-recognized VERB Summer Scorecard; and
- Joy Reed, head of the Local Technical Assistance & Training Branch and the Public Health Nursing & Professional Development Unit at the North Carolina Division of Public Health.

To learn more about this 9th annual conference, including a [flyer](#) and information for [exhibitors and sponsors](#), visit www.iowapha.org and click on Iowa Public Health Conference on the left side of the page.



Live Healthy Iowa starts January 14

Registration is now open for [Live Healthy Iowa](#)! Formerly Lighten up Iowa, last year the program helped 36,791 Iowans lose 138,000 pounds and log more than 1 million hours (63,955,545 minutes) of activity.

This year's 100-day event kicks off on January 14. For just \$18, participants can benefit from everything the Live Healthy Iowa (LHI) program has to offer, including:

- A personalized online dashboard to track your progress
- A free one year subscription to a lifestyle magazine of your choice.
- Live Healthy Iowa Training Shirt
- Chances to win prizes and incentives
- Weekly activity, nutrition and recipe tips via e-mail
- Access to online team leaderboards
- Resources on the LHI homepage powered by *Fitness Magazine*
- Personalized meal plans
- Customized workouts
- Community discussion board
- Calorie charts and more!

To lead by example in your family, community and workplace, public health partners are encouraged to become a team captain by going to www.livehealthyiowa.org.

DHHS tool provides local, national health data

Curious about the rates of disease and illness in your area compared to the national average? Working on a presentation requiring demographic, mortality, or prevention data? Check out [Quick Health Data Online](#), a free health statistic database provided by the U.S. Department of Health and Human Services' [Office on Women's Health](#).

Quick Health Data Online provides state- and county-level data for all 50 states, the District of Columbia, and U.S. territories and possessions. Data are available by gender, race and ethnicity and come from a variety of national and state sources. Where possible, data have been obtained directly from a single national source. In other cases (e.g., disease data) data have come from individuals states.

The system allows users to easily generate maps as well as charts and tables—perfect for presentations or reports. Additional features in the system can present data in horizontal or vertical bar charts, showing trend lines, or in pie charts.

The system is organized into 11 main categories, including chronic and infectious diseases, demographics, mortality, natality, reproductive and maternal health, violence, prevention, access to care, and mental health. Within each main category, there are numerous subcategories. With data updated quarterly, Quick Health Data Online is an excellent resource for researchers, epidemiologists, biostatisticians, health reporters, teachers, students and librarians.

The Office on Women's Health regularly develops new tools for the system, most recently the Women's Health and Mortality Chartbook and the Health Disparities Profile. Check out Quick Health Data Online at www.womenshealth.gov/quickhealthdata.



JEL campaign highlighted during the Great American Smokeout

By Cole Johnson *

Coming on the heels their successful “[What Town Is Next?](#)” anti-smoking campaign, JEL (Just Eliminate Lies) held its annual Great American Smokeout (GASO) event on November 20. Approximately 20 JEL members turned out for the gathering, which was held at the Kaleidoscope Mall in downtown Des Moines.

During the event, dubbed “SOS” (Save Our Smokers), teens walked around the mall and handed out approximately 150 quit packs to people who were interested in quitting smoking or giving the packs to someone they cared about. Quit packs contained stress balls, hard candy, and most important, information regarding Quitline Iowa (1-800-QUIT-NOW), the state’s help line for quitting tobacco use.

“The Great American Smokeout was an excellent opportunity for JEL to partner with the American Cancer Society and the American Lung Association to help smokers quit,” said JEL President and [Youth Advocate of the Year](#) C.J. Petersen. “A lot of our work focuses on preventing tobacco use by teens, so it was a valuable experience for us to collaborate on another important front in the fight against Big Tobacco.”

Also featured at the event were elements of JEL’s successful “What Town Is Next?” billboard, radio, TV and Internet ad campaign. Petersen reports that a big draw was the interactive [Kill-Culator](#) display. Available at www.whattownisnext.com, the Kill-Culator allows users to type in the name of any town in Iowa to see how many hours or days it would take for Big Tobacco’s products to wipe out the equivalent of that town’s population.

“Smoking causes 1,200 people to die every day,” Petersen explained. “Using my hometown of 6,782 people as an example, the same number of people die from smoking every five days. I just can’t imagine losing my entire town—my family, my former teachers, the guy who cuts my hair—in five days, can you?”

During the GASO event, passersby were encouraged to use the Kill-Culator, which was shown on a large projection screen in the atrium of the Kaleidoscope Mall. The What Town Is Next? campaign, which has drawn attention from anti-tobacco advocates and opponents alike, started via a YouTube clip tagged with the campaign’s Web site address. The clip, along with TV and radio ads, is archived on the JEL Web site at www.whattownisnext.com/jel.html.

** Cole Johnson is a program planner in the IDPH Division of Tobacco Use Prevention and Control.*



About 20 JEL members handed out approximately 150 quit packs during the event.

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